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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURIT

STATE OF UTAH
RESERVE BED PAYMENT POLICY - LEAVE OF ABSENCE

HOFI/1990-110310

42 CFR

447.40 A. LONG-TERM CARE PATIENTS TEMPORARILY ADMITTED TO HOSPITAL

Long-term care facilities certified under Title XIX will not receive payment for any day or days on which a bed is held while a long-term care patient is temporarily in a hospital. The long-term care facility will receive payment for the day of admission to the nursing facility, but not the day of discharge to the hospital.

B. TEMPORARY LEAVE OF ABSENCE

 Definition: A Leave of Absence day is defined as any day during which the patient is absent from a facility for therapeutic or rehabilitative purposes and does not return by midnight of the same day.

2. Limitations:

(a) Hospitals

Under the diagnosis-related group reimbursement methodology, it should seldom be necessary to consider leaves of absence. However, in the event a leave is granted to a patient, it must be appropriately and adequately documented by written order of the attending physician and progress notes included in the patient's medical record.

(b) <u>Skilled Nursing Facilities and Intermediate Care Facilities</u>

 Payment for therapeutic or rehabilitative leave of absence shall be limited to 12 days per year for each resident of a SNF or ICF.

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(2) Payment for additional leave of absence days may be authorized only with prior approval from the Division of Health Care Financing. The facility's request for prior approval must be accompanied by appropriate and adequate documentation and must include approval of the additional leave days by client's attending physician and/or the interdisciplinary team as appropriate to meet and support the individual client's plan of care.

(c) Intermediate Nursing Home Care for Developmentally Disabled and or Mentally Retarded

- (1) Payment for therapeutic or renabilitative leave of absence shall be limited to 25 days per calendar quarter for each client residing in a nursing home for the developmentally disabled and/or mentally retarded.
- (2) Payment for additional leave of absence days may be authorized only with prior approval from the Division of Health Care Financing. The facility's request for prior approval must be accompanied by appropriate and adequate documentation and must include written approval of the additional leave days by the client's attending physician and/or the interdisciplinary team as appropriate to meet and support the individual client's plan of care.
- 3. Any therapeutic or renabilitative leave of absence must be pursuant to a written order by the client's attending physician, appropriately and adequately documented in the progress notes of the client's chart and identified as renabilitative leave by the physician and/or the interdisciplinary team as meeting and supporting the client's plan of care.
- 4. All leave of absence days must be reported on the monthly billing form.

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- 5. A facility may not use the fact that it will not receive payment for a leave of absence day to prevent a client from taking such leave notwithstanding the fact that the leave cannot be justified as therapeutic or rehabilitative if the client wisnes to take such leave for personal or family reasons and the physician agrees. However, the client and/or family must be advised in advance that the Medicaid program cannot pay for unauthorized leave days. Any agreements regarding such leaves shall be between the client and/or the family and the facility. All such agreements must be in writing, and must demonstrate the knowing, informed and voluntary consent of the client and/or the client's family to the agreement, and must be available at all times in the client's chart for audit purposes.
- 6. The Department of Health may review patient records in long-term care facilities. If as a result of a review, excessive leaves of absence come to the attention of the Department of Health, the facility will be required to return to the Department of Health the payments made for those days of leave determined to be excessive.